

Exhibit D

BAIC

New Seller Information Packet



Welcome to BAIC

Thank you for selecting BAIC, Inc. to facilitate the sale of your income stream. It is important to note that this is not a loan; you are selling a product (set amount of payments for a set amount of time) for a set price. While there is no guarantee that we will find a buyer for your case, we will put forth our best efforts to do so.

Only once you have completed and submitted your entire seller's kit, will we attempt to market your case. No representation, concerning time frame, given by a third party or otherwise, will be binding on BAIC. However, on average this process can take anywhere from 8-12 weeks once your case has been put on the market. This is a contractual negotiation that may require several documents to be sent back and forth between parties. It is absolutely necessary for each document to be filled out completely and returned in its entirety. Every page of every document is sent for a reason and must be returned, no exceptions.

In the seller's kit below you will find: a list of suggestions, a checklist for you to utilize while compiling your kit, a description of the purpose and requirements for the documents requested, and the documents we are responsible for providing you. We appreciate your business and are looking forward to working with you. If you have any questions please reach out to me using the contact information below. We appreciate your business and I look forward to working with you.

BAIC

Suggestions

To Do	Do Not
Read the seller's kit carefully	Assign your life insurance policy to BAIC
Fill out each form completely, submit it in its entirety to your case manager	Make BAIC your beneficiary on your life insurance policy
Let your Case Manager know if you need help obtaining life insurance	Fax, email, or mail documents and assume we received them
Contact your case manager once a week for updates on your case	Submit documents to your insurance carrier, ex. Collateral assignment
Contact your case manager with questions, comments, or concerns	Submit documents only to your vendor, always send them to your case manager
If benefits are VA or DFAS, set up an E-Benefits or MyPay account as soon as possible	Submit documents 2 months or older, these will have to be resubmitted
If not VA or DFAS, find out how to change your payments over to a different bank account and provide a blank, unsigned copy of the form required to do so, in order for us to review it for the contract service provider	Do not make changes to your pension until we send you the payment change verification information



Seller's Checklist

- ☐ Sales Assistance Agreement
- ☐ New Seller Preliminary Information
- ☐ Electronic Funds Transfer Information
- ☐ Cost Disclosure
- ☐ Benefits Letter
- ☐ State or Federal Photo I.D.
- ☐ Spousal Consent Form/Single Status Affidavit
- ☐ Seller's Credit Report
- ☐ Proof of Life Insurance
- ☐ Collateral Assignment Form
- ☐ HIPAA Form
- ☐ Authorization to Pay Tax Lien
 - a. Only if you currently have a federal or state tax lien on your record or educational loan that is in default
- ☐ Child Beneficiary Consent Form
 - a. Only if you have a child that is currently assigned as the beneficiary of your stream of income
- ☐ FCRA Release
- ☐ Release of Financial Information for Closing



Description of the Documents

1. Sales Assistance Agreement
 - Must be filled out completely
 - Annuity Policy Number often refers to your full Social Security Number
2. New Seller Preliminary Information
 - Form included in the new seller kit
 - Complete and return through email or fax
 - Should your contact information change, please notify your case manager
3. Electronic Funds Transfer Information
 - Form included in the new seller kit
 - Insert banking information of where you want your lump sum payment sent to
 - Make sure your bank accepts direct wires, we cannot wire money to a bank that requires a “further credit to” or an intermediary bank
4. Cost Disclosure
 - Form included in the new seller kit
 - Initial next to each statement and sign/date the bottom
5. Benefits Letter
 - You are responsible for obtaining this, it is not provided in the new seller kit
 - From your pension institution stating that you are entitled to the income stream
 - Must state the net amount and duration of the payments
6. Photo ID
 - Must be able to clearly read the writing and see your face. For military IDs, we need copies of both the front and back of the ID.



7. Affidavit of Marital Status

- Form included in the new seller kit
- Must be notarized
- If single, please note whether divorced, widowed or N/A
- If ever divorced, you MUST provide a divorce decree/ If widowed please provide a death certificate

8. Child Beneficiary Consent Form

- Form included in the new seller kit
- Must be notarized
- Only applicable if you have designated a child beneficiary on the income stream you are using for this transaction

9. Seller's Credit Report

- From within the last 6 months.
- Note that we are required to pay off any federal or state tax liens you may have before sending you your lump sum and any educational loans that are in default.

10. Proof of Life Insurance Policy

- You are responsible for obtaining this, it is not provided in the new seller kit
- Including seller's name, policy number, term, premium schedule, effective date and death benefit amount.
- For your benefit, we do not accept policies that require absolute assignments, including but not limited to: Navy Mutual Aide, VGLI, USBA.

11. Collateral Assignment Form

- You are responsible for obtaining this, it is not provided in the new seller kit
- Obtainable through your insurance carrier
- Fill out only your information as the assignor, policy owner, or the insured. If it has a spot for a witness and/or a notary, be sure to have those completed



12. Authorization to Pay Tax Lien

- A blank copy of this form is included in the new seller kit for you
- If you currently have any federal or state tax liens or educational loans in default we will require that they be paid off with your lump settlement before we send you the remainder of your payment

13. HIPAA Form

- A blank copy of this form is included in the new seller kit for you
- This release form allows us to communicate with your life insurance team directly regarding your case, making it helpful in getting insurance shopped for difficult-to-place cases

14. FCRA Release

- A blank copy of this form is included in the new seller kit for you
- This form allows us to investigate your credit and criminal history, often allowing us to help you remain in the process by clearing up issues that would normally cause you to be ineligible for the process.

15. Release of Financial Information for Closing

- A blank copy of this form is included in the new seller kit for you
- This allows us at the time of closing to verify your net benefit amount, ensuring that you do receive what your statement says.

New Seller Preliminary Information

Contact Information

All information below, on all pages, is required, including alternate contact information.

1. First Name: _____
2. Middle Name: _____
3. Last Name: _____
4. Referred By: _____
5. Street Address: _____
6. City: _____ State: _____ Zip Code: _____
7. Date of birth: _____ SSN: _____
8. Marital status: (Circle one) Single Married Divorced Widowed Separated
9. If marital status is "Married", "Divorced" or "Separated," please provide full name and date of birth of spouse (or Ex-spouse): _____
10. Do you have adult criminal violations? If so, please list the convictions, the county and state of convictions, and the dates of any convictions: _____

11. Best Time of Day to Contact: _____ AM _____ PM
12. Email Address: _____
13. Alternate Email: _____
14. Day Time Phone #: _____
15. Evening Phone #: _____
16. Cell #: _____
17. Occupation: _____
18. Names and ages of dependents: _____

19. Have you previously sold any of your payment stream? (Circle one) YES NO. If so, to whom and when? _____

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20. Do you have any judgments or liens against you? (Circle one) YES NO. If so, please list amounts, lienholders and date: _____
21. Has your payment stream ever been garnished? (Circle one) YES NO. If so, please by whom and amounts _____
22. Have you ever filed bankruptcy? (Circle one) YES NO. If so, please list by whom and when _____
23. Name of family member who can always contact you: _____
 Address: _____
 Phone Number (H) _____ (C) _____ Email: _____
-

Purpose of Sale

You must disclose the reason you wish to sell your payments on the lines below this paragraph. The Purchaser of your payments may rely on this representation when choosing to purchase your case. **Any false and/or misleading information provided here may potentially result in the breach of your contract.** Therefore, it is very important that you use the money you receive from this sale in accordance with your stated purpose.

Quote Information

1. Agreed upon Purchase Price: \$ _____
2. Gross Monthly Amount of Payments to be sold: \$ _____
3. Amount of Monthly Payments devoted to Sale: \$ _____
4. Length of Term: _____ Months
5. Total Monthly Household Income: \$ _____
6. Name of Pension/Annuity Company: _____
7. If you are selling payments from a Military pension, please provide the following: ____ N/A
 - a. Branch: _____
 - b. Check One: ____ Officer ____ Enlisted
 - c. Rank or Rate at Retirement: _____

Payment Method

- Method of payment from your pension company (*check one*):

EFT/ACH: ____ Wire Transfer: ____ Paper Check: ____

-
- Payment method information is important because of each pension company has different processes and requirements for changing the destination of the payments you receive.
 - PLEASE FIND OUT WHAT THIS PROCESS WITH YOUR PENSION COMPANY INCLUDES NOW IN ORDER TO PREVENT DELAYS WHEN THE CASE IS CLOSE TO CLOSING.
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Life Contingent Payments Information

If your payments are life contingent, which is to say, you must be alive to receive them, you must have a new term life insurance policy issued to you for this purpose. If you have a current relationship with an insurance provider, you may feel free to use that provider to acquire the insurance you need. If you wish, you can be put in contact with licensed agents that are ready to help you acquire the insurance you will need.

1. Date of Birth: _____
2. Driver's License #: _____
3. Do you use tobacco in any form? ____ Yes ____ No
 - a. If so, how? _____

Please note that this form must be fully completed before proceeding and submitted to your Case Manager.

**ANY INCOMPLETE INFORMATION MAY RESULT IN
SIGNIFICANT DELAY AND DIRECTLY AFFECT
THE SALE OF YOUR PAYMENTS**

EFT AUTHORIZATION AGREEMENT

FINANCIAL INSTITUTIONS INFORMATION "IDENTIFYING INFORMATION":

Name of Financial Institution	Financial Institution's Telephone Number		Authorized Signor' appears on account	
Financial Institution's Street Address	City	State	Zip	
Account number	PIN Number (If Applicable)			
Routing (ABA) Number	Wire Transfer Routing number (if different)			

- Please Provide Company With A Voided Check That Shows Your Banks (ABA) Routing Number And Account Number.
- YOU **MUST** PROVIDE **BOTH** THE WIRE TRANSFER ROUTING NUMBER AND THE ELECTRONIC ROUTING NUMBER IF THEY ARE DIFFERENT.
- You can confirm both of these numbers with your bank or financial institution.

AUTHORIZATION: I understand and authorize the Company to perform the credit transaction as stated in this document.

Printed Name of Account's Authorized Signor

Signature of Account's Authorized Signor

Date

*****All Sellers must sign below to attest that they have read, understand and agree to the following *****

IN CONSIDERATION OF THE TRANSACTION CONTEMPLATED AND THE MUTUAL PROMISES CONTAINED IN THE CONTRACT FOR SALE OF PAYMENTS AS WELL AS THE CONSIDERATION PAID IN CONJUNCTION THEREWITH, SELLER AGREE THAT S/HE HAS READ, UNDERSTANDS, AND AGREES TO THE FOLLOWING

You MUST initial next to each item below.

- The lump sum purchase price you are accepting as indicated on the Sales Assistance Agreement may be significantly less than what you would receive over the length of your defined income stream. Further, as part of this transaction certain commissions and fees are being paid to parties connected with the transaction. You agree for these fees and commissions to be paid as part of this transaction. *(These commissions, fees and costs have already been calculated in the price you were quoted)*
- The Transaction Assistance Team (i.e. BAIC, Inc. , their attorneys, vendors, and/or agents.) will withhold an amount equal to one monthly payment from the lump sum purchase price to ensure that your annuity provider successfully and timely changes your payment information and keep you out of default of your sales agreement. This money will be held by the Escrow Company to ensure proper deposit of the income stream payments. If it is not used to cover an error in the transition of funding to the Escrow Company, it will be returned to you within fifteen (15) business days upon receipt of your first monthly payment via ACH deposit from your income stream provider to the Escrow Company's trust account.
- Your case will be paid out according to the dates on your Contract for Sale of Payments (CSP). Because reissuing documents multiple times with different dates due to unforeseen delays in the closing of your case is neither practical nor timely, there is a possibility that your case could close after the start date on your CSP. In the event that your case closes after the start date on your CSP, you will be allowed to keep the monthly payments that have already been issued to you by your income stream provider, but you hereby consent for a corresponding amount to be withheld from your lump sum payment.
- Your Buyer may request a Single Premium Immediate Annuity, or SPIA, as a condition of purchasing your income stream. This means that instead of you having to pay the life insurance policy premiums over time, the full premium amount will be paid up front. Because all of the SPIA cost is being paid at once, you will generally only be charged two-thirds (2/3) of the cost while your buyer will pay the other one third (1/3). You agree for your portion of the SPIA cost to be deducted from your lump sum payment.

— In the event that you are entitled to a monthly remainder after the amount of the payment stream is deducted from your normal monthly income stream payment, it will be no less than six (6) business days after the receipt of the payment via ACH into the Escrow account to process your payment and for you to receive said remainder. In some cases, it may take up to ten (10) business days before your remainder payment is processed.

___ You agree to notify the Escrow Company of your new physical address and contact information within ten (10) days of any change in residence, telephone number change and/or email change.

___ You understand that once you have received your lump sum payment that if you take action to interfere with the Buyer's payments during the period of time covered by their purchase that you will subject yourself to litigation and/or criminal prosecution.

___ You understand that **this is NOT a loan** and that BAIC, Inc., is not a creditor. You understand and agree that this is a private transaction between you and the Buyer and that your obligations are to the Buyer and **NOT** BAIC, Inc.

___ **The Transaction Assistance Team strongly recommends that you seek independent professional advice to determine if this transaction is suitable and/or appropriate for you.**

*By signing below, I hereby attest that I have read and fully understand these costs and obligations as disclosed herein. Further, I understand that this disclosure represents the costs and obligations that the Transaction Assistance Team finds relevant at this time and they may change in the future. All decisions you make concerning this sale of your income stream are made with knowledge and understanding of the aforementioned risks and benefits. **You affirm and understand that you may withdraw from this transaction at any time BEFORE closing for any reason, but that once this transaction is completed that if you repudiate or breach this agreement you will subject yourself to civil and/or criminal prosecution.***

Signature

Date

Print Name

Witness

SPOUSAL CONSENT FORM

NOTE: your spouse must sign this form if you are married or separated. Your Spouse's signature must be witnessed by a Notary Public.

I hereby certify that I am the spouse of _____. I have read the Sales Assistance Agreement, completed and signed by my spouse, and I hereby freely and knowingly consent to the contingent designations made therein. I understand that should the Transaction Assistance Team be successful in marketing my spouse's income stream, payment will be assigned to an escrow account to be directed pursuant to this agreement. I further understand that should Transaction Assistance Team be successful in marketing my spouse's income stream that a death benefit pursuant to any life insurance policy or plan may also be assigned to a delegated assignee.

I acknowledge that by this consent I am specifically waiving my right to receive any share of my spouse's _____ pursuant to the laws of the State or Commonwealth of _____. I understand that my signing this consent is part of the consideration of this transaction and that I may not revoke this consent after the consummation of the sale. This consent shall only be revoked if my spouse revokes the original Sales Assistance Agreement before the consummation of and payment for the sale of my spouse's income stream.

Dated this ____ day of _____, 20__.

Signature of Seller's Spouse

Spouse's Social Security Number

Spouse's Date of Birth

Seller's Name

Seller's Social Security Number

STATE or COMMONWEALTH of _____

COUNTY of _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, known personally to me or who produced appropriate identification.

Seal:

Notary Public, State of _____
Expiration Date: _____

AFFIDAVIT OF SINGLE STATUS

Date of Birth: _____

Social Security: _____

Permanent Address: _____

*I hereby solemnly swear and affirm under the penalty of perjury that, under United States law, I am:
(Check one)*

___ *currently single or have never married*

___ *was divorced/widowed on* _____ ** (and have not remarried since that date).*

**please attach the applicable final divorce decree or death certificate to this document*

Signature of Affiant _____

Printed Name of Affiant _____

FOR THE NOTARY PUBLIC:

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____ 20____, by _____ who is personally known to me or produced appropriate identification.

Notary Seal:

Notary Public, State of _____
At large

**MEDICAL AUTHORIZATION FOR RELEASE
OF RECORDS AND OTHER INFORMATION**

IDENTIFYING INFORMATION:

Name: _____ DOB: _____ SSN: _____

AUTHORIZED REQUESTING ENTITIES:

Upon request, please provide my otherwise protected health information to any of the following requesting entities:

BAIC, Inc.
Upstate Law Group, LLC

STATEMENT OF INTENT AND REQUIRED STATEMENTS:

This Medical Authorization is intended to direct my medical providers or other companies, persons, or entities to which 45 C.F.R. §164.508 may be applicable to provide the below specified medical documents and information to the Upstate Law Group, L.L.C.

- I. I have been advised by my attorneys that for this medical records release and authorization to be valid it must comply with 45 C.F.R.164.508.
2. I have been advised that I have the right to revoke this authorization by doing so in writing except to the extent that my medical provider or other covered entity has already taken action in reliance thereon.
3. I have further been advised that the covered entity, i.e. my medical provider, insurer, benefit plan, or other company or person may not condition, treatment, payment, enrollment, or eligibility for benefits on whether or not sign this authorization except consistent with section b(4) below. Section b(4) states as follows: **Prohibition on conditioning of authorizations.** A covered entity may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except: (i) A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of protected health information for such research under this section; (ii) A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in the health plan, it (A) The authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual for its underwriting or risk-rating determinations; and (B) The authorization is not for a use or disclosure of psychotherapy notes under paragraph (a)(2) of this section; and (iii) A covered entity may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.
4. I have further been advised that there is a potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the requesting entities listed

____ Patient initials

above or other ultimate recipient and that if such happens that such re-disclosure information is no longer protected by the requirements of 45 CFR §164.308.

5. I acknowledge that this authorization is written in plain language which I can understand and that I have had the opportunity to read this authorization and that I do understand it.

6. I have been advised that my medical provider, insurer, benefit plan, or other covered entity will receive a copy of the signed authorization.

AUTHORIZATION AND SCOPE

Given the above, I hereby authorize the requesting entities to make a request for the following information and thereby specifically authorize my medical providers, insurers, benefit plan, or other covered entity to provide the requesting entities listed above the following information, which the medical provider to whom this request is directed has in its possession regarding my medical history and treatment:

1. Medical reports and records of any sort
2. Emergency room records
3. X-ray, MRI Reports and other diagnostic
4. Itemized bills for services to me as a patient
5. Psychiatric reports and records
6. Complete hospital or facility records
7. Medical reports and all notes of surgical procedures and treatment
8. Laboratory reports and test results
9. Treatment notes
10. Affidavits, letters, correspondence, statements, and medical opinions concerning my treatment, test results, condition, prognosis, restrictions, limitations and extent of disability with CPT & diagnostic codes

I also authorize my physician, medical provider, insurer, or other covered entities to discuss my history, condition, treatment, claim and bills with any representative of the requesting entities listed above.

STATEMENT OF PURPOSE

I hereby advise my medical provider that the purpose for which the aforementioned information is being requested to be provided to the requesting entities is to be used by the requested entities for the purpose of underwriting a financial transaction, including the purchase of certain policies of insurance to secure said transaction.

EXPIRATION

This authorization, unless otherwise revoked by me in writing, expires at the earliest of the time at which my transaction concludes or twelve (12) years from the date I executed this agreement as set forth below.

METHOD OF REVOCATION

I understand that if I am to revoke this authorization that I may and shall do so by notifying the requesting entities in writing of my desire to revoke this authorization and by instructing the requesting entities to forward a photocopy of my revocation of this authorization to each medical provider to whom this authorization has previously been sent. Should I revoke this authorization I fully understand the exceptions to my right of revocation as set forth above.

I understand that I have certain rights pursuant to 45 C.F.R. §160.08 and should I desire a further explanation of those rights that I may inquire as to the requesting entities of those rights. Having considered my rights pursuant to the aforementioned Federal Regulation and enacting legislation and having been apprised of my rights to the extent that I have desired, and being satisfied with those rights and the obligations of my providers, I hereby specifically direct my medical provider, insurer, benefit plan, or other covered entity to whom this authorization is addressed or presented to provide the above specified records and information at the request of the requesting entities to the requesting entities without further authorization from me.

I. If patient is signing on his or her own behalf sign here:

Signature: _____ Printed name _____
 Witness _____

II. If patient is signing on behalf of another person, please specify the person for which the authorization is being provided and please specify the document or basis from which the undersigned has authority to request medical records on behalf of the specified person and attach a copy of any such document to this release and authorization.

Signature: _____ Printed name _____
 Witness _____

AUTHORIZATION TO PAY TAX LIENS

I, _____, hereby Authorize Upstate Law Group to withhold \$_____ from the proceeds of the Contract for the Sale of Cash Flow to satisfy the following liens:

1. _____ in the amount of \$_____.
2. _____ in the amount of \$_____.

I, _____, represent and warrant that there are no other outstanding liens or judgments against me.

Upstate Law Group is further authorized to issue payment in the amount of \$_____ in satisfaction of the liens mentioned herein. I acknowledge and understand that these liens will be satisfied prior to any disbursement to me pursuant to the Contract for the Sale of Cash Flow. I further acknowledge and understand that net amount received by me pursuant to the Contract for the Sale of Cash Flow will be reduced to reflect the withholding and satisfaction of the liens referenced herein.

Name

Date

State of _____

County of _____

On this the ____ day of _____, 201__, before me, _____, the undersigned notary, personally appeared, _____, known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to within the instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and seal, this ____ day of _____, 201__.

Notary Public

My Commission Expires: _____

CHILD/BENEFICIARY CONSENT FORM

NOTE: your Child/Beneficiary must sign this form if you are married or separated. Your Child/Beneficiary's signature must be witnessed by a Notary Public.

I hereby certify that I am the Child/Beneficiary of _____. I have read the Sales Assistance Agreement, completed and signed by my parent, and I hereby freely and knowingly consent to the contingent designations made therein. I understand that should the Transaction Assistance Team be successful in marketing my parent's income stream, payment will be assigned to an escrow account to be directed pursuant to this agreement. I further understand that should Transaction Assistance Team be successful in marketing my parent's income stream that a death benefit pursuant to any life insurance policy or plan may also be assigned to a delegated assignee.

I acknowledge that by this consent I am specifically waiving my right to receive any share of my parent's _____ pursuant to the laws of the State or Commonwealth of _____. I understand that I may not revoke this consent after the consummation of the sale. This consent shall only be revoked if my parent revokes the original Sales Assistance Agreement before the consummation of and payment for the sale of my Parent's income stream.

Dated this ____ day of _____, 20 ____.

Signature of Seller's Child/Beneficiary

Child/Beneficiary's Social Security Number

Child/Beneficiary's Date of Birth

Seller's Name

Seller's Social Security Number

STATE or COMMONWEALTH of _____

COUNTY of _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, known personally to me or who produced appropriate identification.

Notary Public, State of _____
Expiration Date: _____

[Seal]

Fair Credit Reporting Act (FCRA) Release

The Fair Credit Reporting Act (FCRA) allows individuals and institutions with a true business need to gain access to the credit histories of other individuals, with the individuals' permission.

By signing this release, I _____ (annuitant/pensioner)
hereby give permission to **BAIC, Inc. and Upstate Law Group, LLC** to:

- Investigate my credit history through contact of credit bureaus, at any time.
- Question my employment and personal references regarding my credit history.
- Conduct a background check, including criminal history check

I have read and understood the above, and I sign this release voluntarily, without coercion or duress from any individual or party.

Annuitant/Pensioner

Witness

Date

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize Upstate Law Group, LLC and BAIC, Inc. , their successors and/or assigns to make whatever inquiries necessary to verify income for the below individual for his/her annuity/pension/structured settlement at: _____

I authorize and instruct any person at my annuity/pension plan to compile and furnish any information it may have or obtain in response to such inquiries, including but not limited to producing plan information, details of accounts to which the payment is directed, and verifying income and benefits.

I authorize this document to be reproduced by a copy machine or facsimile to facilitate such inquiries and said copy or facsimile shall be deemed as valid as the original.

This authorization remains in effect for a period of five years from the date hereof.

Dated this ____ of _____, 20____.

Beneficiary's Signature

Social Security Number

Date of Birth

Witness Signature